

July 7, 2003

Montana Medicaid Notice

DME Providers

External Insulin Pump Requirements

An external insulin infusion pump will be covered for the administration of continuous subcutaneous insulin for the treatment of diabetes mellitus which has been documented by a fasting serum C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method, if one of the following criteria are met:

- Patient has completed a comprehensive diabetes education program and is motivated to achieve and maintain improved glycemic control.
- Patient has been on a program of multiple daily injections of insulin (i.e. at least 3 injections per day), with frequent self-adjustments of insulin dose for at least 6 months prior to initiation of the insulin pump, and has documented frequency of glucose self-testing an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump and has a Hemoglobin A level > 7% and meets one or more of the following criteria while on the multiple injection regime:
 - History of severe glycemic excursions (commonly associated with brittle diabetes, hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity, and/or very low insulin requirements
 - Wide fluctuations in blood glucose before mealtime (>140 mg/dl)
 - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl
 - Sub optimal glycemic and metabolic control after renal transplantation

A trial period of 3 months is required for all purchases of an external insulin pump. The treating prescribing practitioner must evaluate patients every month during the trial period.

The HCPCS code for an external ambulatory infusion insulin pump is E0784.

Documentation requirements includes an original order and a statement of medical necessity indicating the conditions and outcome of the trial use justifying the need of pump. Documentation must be signed and dated by the patient's attending physician. The supplier of the pump must keep all documentation on file.

Contact Information

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958